

1645 \$  
PATENT  
Attorney Docket No. FJN-077

TECH CENTER 1600/2900

FEB 05 2002

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Tani et al.  
SERIAL NO.: 09/423,905 GROUP NO.: 1645  
FILING DATE: March 19, 1999 EXAMINER: P. Duffy  
TITLE: Therapeutic Agent for Preventing and/or Treating Sepsis

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 27th day of November, 2001.

  
Sarah J. Blackwell

Assistant Commissioner for Patents  
Washington, D.C. 20231

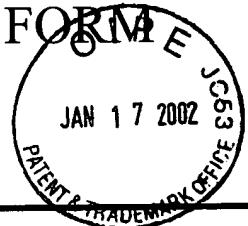
Sir:

Submitted herewith is/are:

Certificate of First Class Mailing (1 pg.); Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Response to Restriction Requirement (2 pgs.); Petition For Extension of Time Under 37 CFR 1.136(a) (1 pg.) (One Month Extension of Time); Associate Power of Attorney (1 pg.); Check in the amount of \$110.00; and patent postcard.

2228831

## TRANSMITTAL



Application Serial Number	09/423,905
Filing Date	March 19, 1999
First Named Inventor	Tani
Group Art Unit	1645
Examiner Name	P. Duffy
Attorney Docket No.	FJN-077
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

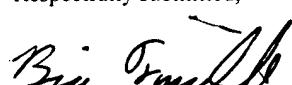
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) - Response to Restriction Requirement (2 pgs.); and - Associate Power of Attorney (1 pg.).
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

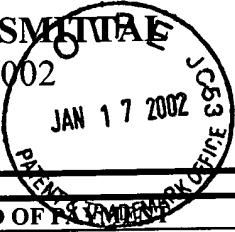
## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,

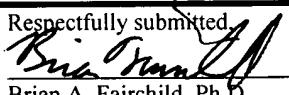
  
 Brian A. Fairchild, Ph.D.  
 Agent for Applicant(s)  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

<b>FEE TRANSMISSION</b> <b>FY 2002</b>		<i>Complete if Known</i>	
		Application Serial Number	09/423,905
		Filing Date	March 19, 1999
		First Named Inventor	Tani
		Group Art Unit	1645
		Examiner Name	P. Duffy
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<b>METHOD OF PAYMENT</b>		<b>FEES CALCULATION (continued)</b>																																										
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES																																										
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description																																								
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		130	65	Surcharge - late filing fee or oath																																								
		50	25	Surcharge - late provisional filing fee or cover sheet																																								
		130	130	Non-English specification																																								
		2,520	2,520	Request for ex parte reexamination																																								
		110	55	Extension for reply within first month																																								
		400	200	Extension for reply within second month																																								
		920	460	Extension for reply within third month																																								
		1440	720	Extension for reply within fourth month																																								
		1960	980	Extension for reply within fifth month																																								
		320	160	Notice of Appeal																																								
		320	160	Filing a brief in support of an appeal																																								
		280	140	Request for oral hearing																																								
		130	130	Petitions to the Commissioner																																								
		180	180	Submission of Information Disclosure Statement																																								
		740	370	Filing a submission after final rejection (37 CFR 1.129(a))																																								
		740	370	For each additional invention to be examined (37 CFR 1.129(b))																																								
		100	100	Certificate of Correction for applicant's error																																								
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Direct all correspondence to:		<p>Respectfully submitted,            Brian A. Fairchild, Ph.D.          Agent for the Applicants          Testa, Hurwitz &amp; Thibeault, LLP          High Street Tower-125 High Street          Boston, MA 02110          Tel. No.: (617) 248-7000          Fax No.: (617) 248-7100</p>																																										